

Response to Feuerstein J et al. “Systematic Analysis and Critical Appraisal of the Quality of the Scientific Evidence and Conflicts of Interest in Practice Guidelines (2005– 2013) for Barrett’s Esophagus”. doi:10.1007/s10620-016-4222-2

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¹Bennett C, PhD, ²Jankowski J, MD, and ³Moayyedi P, PhD, on behalf of the International BAD CAT and BOB CAT consortia.

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We read with interest the article by Feuerstein et al. 'Systematic analysis and critical appraisal quality of the scientific evidence and conflicts of interest in practice guidelines (2005 - 2013) for Barrett's esophagus. We note the omission of our international consensus guidelines on management of Barrett's esophagus [1,2] from this appraisal. While our guideline on the management of non-dysplastic and low grade dysplasia in Barrett's oesophagus 'BOB CAT' [2] is outside the date limits of the search for evidence, our 2012 guideline 'BAD CAT' [1] should have been retrieved by their search for evidence. This guideline was funded and endorsed by numerous international societies and the resulting publication is highly cited and accredited by NICE (UK) [3]. BAD CAT [1] involved an international panel of 92 authors and 11,000 articles were assessed on the management of Barrett's dysplasia and early-stage esophageal adenocarcinoma. Since the management of Barrett's with dysplasia was not explicitly excluded from the review, it appears that there is no rationale for the exclusion of the BAD CAT guideline. Had our guideline been included, the authors would have noted that we addressed many of the problems and shortcomings identified by their review of other guidelines using the AGREE II instrument. Specifically, we assessed both the quality of the scientific evidence included in the review using GRADE [4] and reported conflict of interest declarations in detail. The guideline production method was inclusive, with input from all areas of clinical specialty and patient groups; there was consideration of adverse events and harms; it was peer-reviewed prior to publication and we identified areas which were directly applicable to clinical management. As an evidence-based consensus group, we sought to maintain editorial independence and collected information about conflict of interest. Any participants who did not provide a conflict of interest statement were excluded from authorship, to ensure the impartiality of the process.

Despite the omission of “most far-reaching, inclusive, and informative consensus process on evaluation and management of BE with HGD/early cancer published to date” [1], we can agree with Feuerstein et al. that the overall quality of evidence in most guidelines for Barrett’s esophagus is low [1], or in our later guideline [2], at best moderate. This paucity of higher quality evidence brings the reliability of clinical guidelines for the management of Barrett’s esophagus guidelines into question. In both of our guidelines, we identified that there are urgent areas for research, including identifying genetic markers to determine cancer risk, determining the risk of progression from dysplasia into cancer and evaluating the most appropriate surveillance strategies for people diagnosed with Barrett’s esophagus. There are clinical trials in progress (e.g. AspECT [5], ChOPIN, EAGLE and BOSS [6]) which will help to inform future management of Barrett’s. Our recently reported large-scale evidence-based consensus guideline (also accredited by NICE (UK)[7]) on the management of non-dysplastic Barrett’s and low grade dysplasia ‘BOB CAT’ [2], involved a panel of over 130 people with special interest in Barrett’s, who reviewed over 20,000 publications.

(500 words)

CONFLICT OF INTEREST DECLARATIONS

Cathy Bennett: coordinator of BOB CAT and BAD CAT and received a consultancy fee.

Member of the data monitoring committee for the BOSS clinical trial (scheduled vs. at need surveillance endoscopy in BE). Proprietor of Systematic Research, a consultancy company, and derives an income from this.

Janusz Jankowski: was consultant to AstraZeneca from 2002 to 2012 (maker of a proton pump inhibitor). Chief Investigator of the aspirin chemoprevention trial, AspECT. Chief Investigator of the EAGLe genomics consortia.

Paul Moayyedi: has accepted speaker fees from Shire and Allergan. These companies make drugs for irritable bowel syndrome and ulcerative colitis; his endowed Chair is funded in part by an unrestricted donation given to McMaster University by AstraZeneca Canada.

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